



PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Chris Buhr et al

Serial No.: 07 /652,978

Group No.: 1803

Filed: February 8, 1991

Examiner: G. Kunz

For: Methylene Phosphonate
Oligonucleotide Analogs and
Nucleosides

Commissioner of Patents and Trademarks

Washington, D.C. 20231

**TRANSMITTAL OF INFORMATION DISCLOSURE STATEMENT BEFORE
MAILING DATE OF EITHER A FINAL ACTION OR NOTICE
OF ALLOWANCE (37 CFR 1.97 (c))**

**TIME TRANSMITTAL OF ACCOMPANYING INFORMATION
DISCLOSURE STATEMENT**

1. The information disclosure statement transmitted herewith is being filed *after* three months of the filing date of this national application or the date of entry of the national stage as set forth in § 1.491 in an international application or after the mailing date of the first Office action on the merits, whichever event occurred last but *before* the mailing date of either:

(1) a final action under § 1.113 or

(2) a notice of allowance under § 1.311,

whichever occurs first.

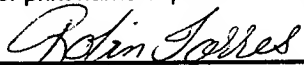
CERTIFICATE OF MAILING (37 CFR 1.8 (a))

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to the: Commissioner of Patents and Trademarks, Washington, D.C. 20231.

Robin Torres

(Type or print name of person mailing paper)

Date: December 9, 1993


(Signature of person mailing paper)

CERTIFICATION OR FEE

2. Accompany this transmittal is

A. ☐ a certification as specified in 37 CFR 1.97 (e)

OR

B. ☒ the fee set forth in 37 CFR 1.17 (p) for submission of an information disclosure statement under § 1.97 (c). (\$200.00).

FEE PAYMENT

3. Applicant elects the option to pay the fee set forth in 37 CFR 1.17 (p) for submission of an information disclosure statement under § 1.97 (c). (\$200.00).

Fee due \$ 200.00

METHOD OF PAYMENT OF FEE

4.

☐ attached is check in the sum of \$ _____

☒ charge Account No. 07-1250 the sum of \$ 200.00

A duplicate of this request is attached.

If any additional fees are due, please charge Account No. \$200.00 .

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Daryl D Muenchau
SIGNATURE OF AGENT

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Type or print name of agent

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